



The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

The President's Message

President's Message – September 2020

"Autumn shows us how beautiful it is to let things go." ~ Unknown

My Dear Friends:

As we will soon begin to see falling leaves, changes of colors, and cooler air, I find the above quote is not only applicable to the new season, but also to our lives in general. This year has taught us that we must adapt and adjust our vision of what life should be like. For many of us, it is difficult to let things go. We want what we envision to become reality, but that is not always what is in store for us, is it?

There is beauty in letting things go. We tend to relax a bit more and truly live in the moment. During the past year, many of us have spent more time at home, reorganizing, purging, exploring new recipes and binge watching our favorite shows. We've enjoyed connecting with old friends virtually and have watched our favorite singers and bands perform for us in our living rooms. There have been some positives to letting go of what was once the norm.

I do miss seeing all of you at our conferences, I cannot deny that. And I know that we will all be thinking about our annual trip to Williamsburg in December and what could have been. We will be there next year, and we will truly celebrate all that is great with Virginia AAHAM. I just know it and I can't wait, as I'm sure you can't! Until then, please join us on our virtual conferences. It's a great way to stay connected, earn CEUs and to learn. Pam Cornell and her Education Committee have done an outstanding job at bringing meaningful, current topics to our lunch and learns and you just can't beat the cost!

Until we meet again in person, I am sending you a virtual hug. Please take good care and enjoy your version of "letting go" everything will fall into place. Please do reach out if you ever need to talk. I am here for you.

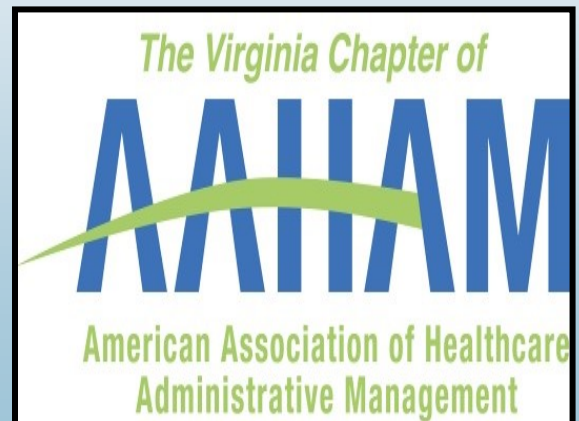
Yours in AAHAM,
Linda

Linda M. Patry, CRCE-I
President, Virginia Chapter of AAHAM



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Colburn Hill Group—Patient Access Tips by Peter Angerhofer and Sarah Lovell

A high-quality Patient Access department is vital to any Healthcare Organization -- ranging from Critical Access Hospitals to large Acute Care Hospitals. Although their needs may vary, Provider Organizations can face numerous challenges within Patient Access. Over-tasked and under-resourced managers and staff. Patient complaints. Ongoing compliance related duties. In the meantime, the Billing office is highlighting errors that result in reduced reimbursement.

Patient Access impacts every single aspect of a patient's care. The efficiency and accuracy of this department means that the investment of time and resources to thoroughly evaluate the operation and its performance, and make necessary alterations to existing practices, is unarguably worthwhile.

Establish Organizational Structure - Centralized models limit Patient confusion, Front End denials, and increase Patient satisfaction.

Having any and all Access-related operations under one structure leads to a well-run department. Decentralized models can lead to significant leakage.

Invest in Leadership – A “well-run Patient Access team” means they are *well-lead*.

Skilled, experienced Directorship and Middle Management is *critical*.

Best practice ORG structure includes Working Supervisors or Team leads.

Don't leave out an Educator and Quality resource.

Invest in Your Operation - Taking time to train staff properly, investing in detailed SOPs and factoring in 'downtime' for staff interaction have big returns.

Education and training to give staff the necessary, foundational skills (especially entry-level staff) will increase performance and decrease turnover. Give them time and let them practice.

Document “Standard Operating Procedures” (SOPs); incorporate them into your core competencies.

Hold frequent, brief ‘Huddles’ as well as Monthly staff meetings: keeping everyone up-to-date builds relationships with your staff.

Key Performance Indicators (KPIs) ++ - Establishing KPIs alone is not enough to drive performance.

Consistent execution and discussion are critical to improving and hitting your targets.

Establish baseline performance for all KPIs, setting both ‘*achievable*’ and ‘*stretch*’ goals, and establish individual productivity goals for front line staff.

Hold regular meetings or huddles to review current performance and progress towards goals. Require accountability from each team-member.



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Monitor Quality and Compliance – Issues of poor Quality and Compliance spells *TROUBLE*, from untimely billing and write offs to patient safety events, to HIPAA breaches and non-compliance with Governmental agencies all of which can have serious financial consequences.

Perform regular quality & compliance reviews and solicit feedback from Stakeholder departments such as Patient Financial Services and Utilization Review departments.

Establish a ‘Quality Committee’ and baseline performance for your staff in Patient Access functions.

Engage Stakeholders and trend performance, working towards an organizational goal.

Automate Wherever Possible - Observe and document workflows to identify where manual or broken processes have crept in.

Fully assess both workflows and the systems currently in place.

Look to technology! Existing processes may be conducting functions which have great automation potential.

Use data wherever possible to automate workflow and eliminate paper. This increases the likelihood of improved staff efficiency without expensive, inefficient, and cumbersome system implementations.

Colburn Hill Group is a Revenue Cycle Management firm offering three lines of support: RCM technology utilizing Advanced Analytics combined with robotic process automation (RPA); outsourcing of billing and claim follow up to our expert staff, all based in the U.S.; and management consulting and performance improvement. Contact kspaulding@colburnhill.com for more information.



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How Can We Relieve The Pressure

Robert Borchert, MBA, FHFMA, CRCE

Here we are, the end of summer, the beginning of Fall. We have been through, and continue to be, in one of the most environmental pressures of our times. Not only the ordinary, daily workload of all of us in the revenue cycle but adding to this the environmental condition of the COVID-19 pandemic. This is not over...and now we move into the Fall and the return of our children back to school (either in-person or at home) and the added pressure of family life. Plus, we are moving into the flu season where we know from past experience there is typically an uptick in respiratory cases. What a mess!!!!

So how can we release some of this pressure? It is time to put on our thinking caps for “fun” and the challenge of ways to relieve some of this pressure. Each healthcare setting is different, and each setting has its own physical makeup of offices, cubicles, open desks, plastic shields, etc. and each section within the revenue cycle is also a different setting with different physical conditions. So, you need to be creative in considering how to relieve the pressure. I will share with you some of my ideas and I am sure that you have ideas of your own. It is time to utilize our creative power to relieve the stress and pressure that we feel every day and sometimes take it home.

Access Management: This area is one of high visibility since it involves dealing with the public all of the time. Patients who arrive as outpatients or inpatients are not only concerned about their own personal condition but also about the environment around them. We have physician offices with (indoor) open chairs; outpatient and inpatient registration areas with various seating patterns and the staff who are in selected seats with (probably) plastic surroundings for protection.

In the “air” is not only the basic fear of seeing a physician but also the concern of being out with other people around who may be coughing, sneezing, etc. and exposure to the virus. There is a tension in the air that they can’t wait to get out of there! Our staff deal with this every day, all day and, also feel this tension. So, some ideas:

- Get permission to post cartoon characters on the plastic shields and even the walls to allow the patients and staff to smile and maybe even chuckle.
- Among staff, have a weekly contest for coming up with the best cartoon character posted
- Create a “box” in the waiting area with paper and pencil for patients to write down any suggestions for cartoon characters or other ideas that they may have to create smiles
- Create the same box for staff who can further expand on ideas for relieving pressure and have a gift card winner once a month (or earlier if desired) for the ‘voted on’ best idea from the staff
- Ask the providers to also participate in any way they can...like smiles or cartoon characters in the patient care rooms, etc.
- Have a big WELCOME, WE CARE FOR YOU! sign when patients come in.
- Play some pleasant music in the waiting area
- Recognize the “patient of the month” (for any reason) with a photo (with permission) and a caption like “best smile of the month” or great gift of laughter”, etc.
- Have a “staff member of the month” posted in the waiting area with similar comments
- Have a “provider of the month” posted in the waiting area with similar comments as well
- Have the other revenue cycle areas vote on the “access person of the month” and post it

Now you can create your own team in Access Management and generate more ideas.



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Health Information Management (HIM): This area of the revenue cycle is one that has received higher visibility over the last ten years than any other department. Many of today's reimbursement structures are based on HIM coding in both diagnosis and procedures. They have become a vital part of the revenue cycle and extremely important to the revenue stream of the health facility. This department also has some very different settings from a small to mid-size physician practice to a multi-hospital system so coming up with creative ideas for relieving pressure is a challenge. There is also the high probability that there are some HIM codes who are off-site and do remote coding...another consideration for ideas. Also, within the HIM department there are distinct functions that provide a 'kind of' model for an assembly line in finalizing a patient's chart. There are abstractors, data entry staff, coders, filers, etc. each important and dependent on the other for a successful outcome. In many cases, there is an internal pressure to complete the 'charts' as quickly and accurately as possible. This is added pressure to the already tense atmosphere of having providers coming in and out and making demands on staff to satisfy their need immediately. Well, here are some ideas to think about and I would encourage this functional area to have its own creativity group for more ideas.

- Define each functional area – abstracting, filing, coding, remote coding, data entry, etc. – and then have the group choose a “mascot” to represent the group. This could be a lion or a puppy dog or camel or ????. A picture of the mascot should be posted among the group and on a bulletin board somewhere visible.
- Each functional area should vote on the ‘person of the month’ and put their picture under the mascot so we have a lion or lioness of the month, a camel of the month, etc. just for fun
- Create a “provider of the month” slot on the board and have staff vote for the winner and place a picture of the provider with a caption as well...“most current provider”; “happiest provider this month”; “most jovial provider this month”, etc.
- Have everyone in the department vote on the HIM person of the month with a reason why and have them win a gift certificate of some sort, even if it you buy their lunch in the cafeteria.
- Celebrate a ‘mascot month’ and during the month display a member of the group with some history about them (with their permission). Married, how many children, grandchildren, where they were raised, how long they have been working there, etc. You will probably not have 12 mascot groups so you could do this every other month with 6 groups. You be the judge.
- For remote staff, have them included through the supervisor's evaluation. Tell them of the way that someone would be nominated. Maybe, there can be a ‘Zoom’ call of some sort for them to meet each other and then discuss an evaluation process. The remote staff person of the month should also be posted on the Board.

These are just a few ideas regarding this department. You may also want to talk with some of your providers who frequent HIM and ask them for their ideas. I am sure that they will have questions when they see some internal activities within the department and will start asking questions. Beat them to the punch and ask them for their input since they will (can) be part of the monthly nomination process.

Patient Financial Services (PFS): This department is similar in setting to the HIM department. Some PFS offices are small, some are large and some off-site. What matters is the overall environment and the recognition of their functionality to the revenue cycle. PFS can consist of various areas within the overall department such as cash posters, insurance billing, Medicare billing, government billing, self-pay billing, collections, follow-up, etc. There are numerous functions within PFS and, although, multi-functional like HIM, there is more complexity to many of their tasks and more public interaction with insurance companies and patients.



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Today, with the current environmental pressure of the virus and trying to get these COVID claims paid, there is additional pressure and clash among insurance carriers and even among staff within PFS. So creative thinking is a must. Here are some ideas:

- Similar to the HIM idea, you can create group mascots of your own. If you contact the HIM department and they decide to do this, you can both agree on the types of mascot each department could have. For instance, PFS could be wild animals like lion, tiger, gorilla, etc. and HIM could be farm animals like cow, lambs, horses, etc. This would make the different areas more intriguing in the view of others....
- Again, each group can have the staff person of the month with picture and caption.
- The PFS staff could also have a PFS person of the month with the short bio as indicated under HIM write-up
- Many of the ideas found in the HIM write-up can be utilized within PFS and would also work if you have staff working from home.
- A different approach to making pressure fun is to have some internal contests. There can be some internal contests to make resolving a claim positive and rewarding personally. For instance, within certain groups of PFS, some things to consider are:
 - ◇ Generating a list of the oldest insurance claims and have staff in that group work on them. As they resolve, ring a bell!
 - ◇ Generate the same type of list for the oldest self-pay claims in that group and ring the bell when paid
 - ◇ Generate a list of the highest dollar insurance claims and ring a bell when resolved
 - ◇ Same list generation for self-pay claims
 - ◇ Have a gift card reward (dinner for two) to the staff person who resolves the highest dollar claim in both insurance and self-pay each month
 - ◇ Have cash posters work on credit balances and reward the cash poster who resolves most credit balances (appropriately) each month until
- Depending on how your office is set up, you could create teams by alpha and have a group work a claim from initial bill (to either insurance, government, or self) to final resolution. Reward the group with something for them all (like a pizza party).
- OH, someone just came by and remembered a great experience to relieve pressure and have fun. You can tie this in with the list of old and high dollar claims.
 - ◇ Generate "footprints" for the floor. This means that you write the information about an open claim on a piece of paper shaped like a footprint and place it on the floor around the office. An individual can pick up the footprint to get it resolved or work on it and when resolved, pick up the footprint. The person with the most footprints at the end of each month, wins a gift card.

Now, I recognize that there appears to be some money involved with these rewards and that is where you (management) either kick-in with your supervisors and cover the gift cards or other rewards or you go to your Chief Financial Officer (CFO) and create a budget for increased productivity and increased cash flow. Every aspect of the revenue cycle contributing to a healthier environment while generating a work atmosphere that will turn into a higher revenue stream.

The other aspect of this approach to relieving pressure within the revenue cycle is to actually have each of the department heads of the revenue cycle meet and discuss this whole area of relieving pressure. Together you will certainly generate more ideas than presented in this article. In fact, in meeting together, the mutual idea from the revenue cycle managers could be another possibility of having each



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area vote on the “revenue cycle person of the month”. This winner can be from any area of the revenue cycle and can have a caption with their name and department such as ‘most congenial’, ‘most helpful’, ‘most friendly’, etc. Then you place this person in all the revenue cycle areas for further incentive.

Now, I know that I have left out some areas of the revenue cycle in this article. I can think of areas like Revenue Integrity, pre-admissions, insurance verification, etc. where they play a role in the revenue cycle inclusive or exclusive of the three standard areas of the revenue cycle. I apologize for this but have the confidence that you can and will incorporate all of the areas within your revenue cycle environment to help to relieve any pressure in today’s and tomorrow’s activities. I know how hard you all work and I appreciate being part of a great team across the country.

If you want to talk about any other ideas, please feel free to contact me at rob@bpa-consulting.com or 315 345 5208. Be safe!



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Then Need for Innovation on Groundhog Day **By Lauren Beard, CRCR** **Director of Client Solutions Triage Consulting Group**

Allow me to kick this off by sharing that Groundhog Day originated from a rodent's fear of its own shadow causing it to seek comfort within its burrow, thereby delaying spring – a season of growth, new life and opportunity -- for another six weeks. While the tangible “comfort of one's burrow” does protect us from the physical ailments of this world (i.e. the spread of disease, in our current context), a more productive parallel I'd instead like to draw from our constant state of 'Groundhog Day in 2020' points to opportunities for growth when fear of shadows (change, financial uncertainty, future state unknowns), ignites a desire to either retreat or *respond*.

First- the shadows (why so many shadows in 2020?) Across the current healthcare landscape, providers have appeared to feel the brunt of financial strain from cancelled scheduled surgeries and the associated commercial insurance revenue, despite varying volumes of COVID-19 patients. The Census Bureau reported that almost 94 million adults had delayed medical care because of the coronavirus pandemic by mid-May. One Washington Post article from June highlights the dichotomy between two safety-net, academic health systems experiencing similar mass surgery cancellation numbers and devastating revenue loss, yet their COVID-19 patient admissions differed by over 6700%.

While many providers have thankfully seen an uptick in scheduled visit volumes as summertime progresses, Fierce Healthcare's August 28th article cites Kaufman Hall's Eric Swanson observing inpatient volumes still sitting far lower than this time last year, and Crowe citing national emergency department volumes being down 22.7% in June (using average weekly volumes in 2020 prior to the pandemic). Fierce goes on to share budgeting projections observed anecdotally, which range between a 5% and 10% estimated reduction in patient volumes for the year ahead.

While the data (that I intentionally cited for the purpose of framing my point, of course) looks grave, thankfully the deep human inclination toward hope and desire for better days ahead drives us toward overcoming these challenges, and into clearer-eyed problem solvers and resilient leaders.

If we can all agree that innovation spurs these forward steps into positive change, the crux of the issue lies in the “how”? How do we all move forward? How does a healthcare provider move past the “old normal” and inspire a framework centering on this “new season” mindset through constantly changing circumstances that can never truly be relied on or predicted?

While I would love nothing more than discussing the human condition over a glass of aged Port on my proverbial porch swing (a focal point of my daydreams while quarantining inside a 1BR coach house), and chattering on with healthcare colleagues about the possibilities that lie beyond our comfort zones when we overcome the fear of uncertainty and unknown- I'll instead get to the practical piece of this article: using a disastrous scenario (a world-wide pandemic, in this case) to spur meaningful progress through a fresh perspective and willingness to adapt.



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Then Need for Innovation on Groundhog Day **By Lauren Beard, CRCR** **Director of Client Solutions Triage Consulting Group**

The spotting of internal inefficiencies and opportunities for improvement can only be as thorough as the diversified lenses/mindsets and specialized technology you unleash within a healthcare operation. While I fully understand the downfall of a “too many cooks in the kitchen” approach to revenue cycle and business office operations, the key words used above help us steer clear of overlap: *diversified* and *specialized*.

In Fortune.com’s August 20th op-ed piece “COVID-19 has spurred rapid transformation in health care. Let’s make sure it stays that way,” Mayo Clinic’s CEO Gianrico Farrugia, MD, emphasizes the importance of establishing partnerships with companies of similar principles but unique skills, to avoid duplicating efforts and promote complementary collaboration toward shared goals.

While health systems have been forced to cut costs, jobs, and entire service lines that have struggled with profitability, the “still treading water” approach (while sometimes necessary) does have the capacity over time to transform into longer-term, creative solutions through mission-aligned partnerships. One key to success hinges on a specialized service provider’s willingness to prioritize their clients’ known areas of need, balanced with the partner’s emphasis (and support) in doing what they do best. The opportunity for partnership engagements to thrive lies within each party’s capacity to put the other first through transparency, intentional listening, and humility (of course within reasonable bounds of the business agreement).

Dr. Farrugia expresses our need to “empower people to innovate through nontraditional collaboration” and utilize the pandemic as a nudge to hammer through those long-awaited opportunities to grow and transform, as uncomfortable as they might be. Part of his reasoning that more can be accomplished through complementary partnerships points to the overall interdependence of our current healthcare continuum and the need for reevaluation of current engagements for alignment with internal gaps. While this reevaluation sometimes sparks conversations with peers on solutions they trust, it often times reaffirms an organization’s strategy of leaning into longstanding, existing partnerships in new ways.

Professional service firms in the healthcare (and any) industry exist to support providers in avoiding the risk of blind spots. Whether this is done specifically through flagging contradicting codes based on new regulations or more generally by evaluating the interoperability of multiple software systems, value is always found by actively seeking truth to the curiously redundant saying “you don’t know what you don’t know”. And when these *diversified* and *specialized* partnerships truly complement provider organizations beyond just uncovering missed revenue, and into practical solutions and allied missions, the healthcare community is more prepared to catapult into this new season, past a shadow that previously seemed unimaginable to overcome.

To close with the unmatched words of Dr. Farrugia, “We must actively resist a return to the old way of doing things, maintain the improvements we’ve made, and continue to invest in research and strategic collaborations that will produce a health care system that serves everyone better.”



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Then Need for Innovation on Groundhog Day
By Lauren Beard, CRCR
Director of Client Solutions Triage Consulting Group

Sources:

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Retirement Celebration

Amanda Sturgeon, CRCE Retires from Fauquier Hospital

Many of you have come to know and love Amanda Sturgeon throughout the years. She has been a valued member and leader of the Virginia Chapter of AAHAM since 1995. She started out in healthcare in 1992 was promoted to Director in 2000. Amanda sat for and passed her certification exam in 2004, back when the CRCE was known as CPAM, Certified Patient Account Manager. She will retire from Fauquier Hospital on September 18, 2020.

Amanda has made her mark on the Virginia Chapter of AAHAM and for that, we will be eternally grateful. Always striving to collaborate with her peers, Amanda coordinated the PFS Director panel that has continued to be a staple at our annual winter conferences. She was a key player in bringing the Saturday morning certification training classes to our members, so that all could attend without impacting their work schedules and without having to pay a fee. Amanda could always be found at our conferences speaking to the group, mingling with friends, and staffing the registration table. Wherever and whenever we needed her, she was there without hesitation.

Amanda gave of her time in serving as a 2nd Vice President twice in her career: 2004 to 2007 and 2014 to 2015, as well as serving on several committees throughout the years.

In looking back at her career, our Chapter honored Amanda Sturgeon by presenting her with the following awards:

2005 - The Leanna T. Marshall, CRCE-I Chapter Award – *given to an individual who has been a member for two years or more and who has excelled in service to the Chapter.*

2006 & 2014 – President's Award – *give to an individual by the Chapter President for outstanding service to the Chapter.*

2011 – Forrest Perrin, Jr. CRCE Award – *given to a member with 10 or more years of service to the Chapter and to recognize that member who excelled in service, dedication, and the promotion of their Chapter and the profession of healthcare administrative management.*

2010 – Committee Award – *Given to a member who has provided excellent service and dedication to one of the VA AAHAM Committees.*

The Virginia Chapter of AAHAM Board and all of its members wish you all the best in your retirement, Amanda Sturgeon. We look forward to continuing our friendship with you and hope you will join us at events in the future. This is not goodbye, but “see you soon”! Enjoy your well-deserved time off, Amanda.





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Farewell Jim Cooney

Dear DECO Family,

It is with profound grief and sadness that we announce the passing of Jim Cooney, the founder of DECO. On Sunday, June 21st, after 82 impactful years, Jim transitioned from labor to reward. We extend our sincere and heartfelt condolences to Ted, Justine, Stephanie and all of the Cooney family. It was fitting that our founder would transition on Father's Day, when people across the globe honor the men who have supported, mentored, provided for, nurtured, taught and inspired them, because that is exactly what Jim did for DECO. Jim cared deeply about DECO and truly valued every employee. He was very proud to watch us grow, develop, and excel.

Jim had worked as a Patient Accounts Manager at Union Memorial Hospital in Baltimore and later for an Eligibility and Collections company, Hayt, Hayt & Landau (HH&L) so he had experience on both sides of our industry. Jim left HH&L and went to work for Central Healthcare. Central Healthcare was later sold and Jim lost his job. Jim didn't let this setback deter him. Instead he decided to start his own company. He had the responsibility of providing for his family and the drive to make a difference and that's exactly what he did. In 1993, Jim Cooney partnered with Jerry DeHanis, to form DECO. Jim, Jerry, and Metzi (Jerry's wife) acquired DECO's first hospital, DC General with a commitment to start the next day. And thus, the DECO "give us the business and we will figure it out" mentality began. Jim's vision and determination has led to the amazing organization that we have the privilege to be a part of today

Jim was born on October 21, 1937 and was raised in Southwest Baltimore. Jim attended Calvert Hall College High School, an all-boys Catholic High School in Baltimore, whose guiding principle was to build men of intellect, faith, and integrity. Throughout Jim's life, he exemplified these 3 principles. Jim served our country in the U.S. Army from 1956 to 1959 which is just another example of his character that exuded Diligence, Excellence, Compassion, and Ownership. Jim had a heart of gold and would give the shirt off his back to help someone else. He believed in "paying it forward" and sought opportunities to give back and make opportunities for others.

Here is what a few of us who knew Jim had to say about him.

"Mr. Cooney always looked out for me. He was like a father to me. Even when others in upper management thought I wasn't upper management material, Mr. Cooney told me that I deserved it and could do it. I am going to miss my friend. I will always remember the many stories and words of wisdom he shared."

Bill Allen

DC Director of Appeals



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Farewell Jim Cooney

"He always greeted me with a smile and always asked how my boys were doing and smiled and said how amazed he was that they had heart transplants and was so happy they were doing well. Then he would ask me how I was doing to give me a hug. I always admired his calm resolve regarding any situation. He was always there for me to help me learn, back in the late 80s when I came with questions I had regarding our business. He's always been like a dad with fatherly advice."

Denise Grim-Wilkerson

Director of Revenue Cycle

"Jim C. was such a good man...believe he embodied what I believe everyone should. He was a man who loved his church/God, family and treated everyone he met with respect. He was a humble man who understood the truly important things of life. In my entire time at DECO, 2017 & 2018 were the roughest mentally. We were stagnate and that is one of the worst things a company can be. He never wavered in his support for me or to get involved in changing my/our approach. He listened to my/our game plan and supported/encouraged me every step of the way, without reservation!! I am glad he is no longer in pain. I miss him and will miss the opportunity to pick up the phone and call him. I knew that he knew what I was going through or feeling because "he'd been there before me and still had the scars to prove it" but it made him better & understanding. I will miss the most, his encouragement, lessons, and positive feedback. I will miss my mentor & friend!"

Pete Ash

VP of Sales & Client Services

"For some reason, I never called him Jim or Jim Cooney. For me he was always from day one, Mr. Cooney. Later on, he becomes "My General" with a military salute. This was the nicest person I have ever met. Still very much alive in my mind. The first time I met him, some 25 years ago in the basement of DC General Hospital telling me all the good things about his days in the army and how great this new

venture will be for everyone; DECO had just started. He was always a very positive, kind person I will miss you and I will always remember your kind thoughts your words of wisdom, Rest in Peace My General."

Luis Vaquerano

Director of IT



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A Newsletter by and for the members of the Virginia Chapter of AAHAM

Farewell Jim Cooney

"When I first came to DECO, we were a small company and I worked with Jim on a daily basis. In many ways he was like the father of a close friend who filled in as a mentor to those of us who knew him. He would never fail to welcome me, with a "Hey Girl! What's up?". An original individual, he truly cared about the employees and their needs. He always had a comment or opinion, which at times could be fresh and funny or somewhat acerbic, but would take the time to speak with any employee who reached out to him. Jim was a driving force in my life and one of three reasons I made the decision early on that DECO was the company I wanted to retire from. For those of us who feel that DECO is a family of employees, Jim was the father-figure of the company. Those of us working directly with him in Easton found ourselves welcomed into his home and were treated like a branch of his family. Personally, he filled a void in my life as the father I would have dearly loved to have had. He is, and will be, so very much missed."

Jeanene Glover

Director of HR

"It is hard to describe the impact Jim has had on me. What started as an employee-employer relationship changed over the 15 years that I knew him. Between tuna fish sandwich lunches with Jim and Justine to the good and bad times at DECO, the relationship evolved, for my part. I truly valued Jim as a friend and mentor. Spending time with him was like catching up with a long lost friend. Conversations were long and engaging, the silence was short and comfortable. Whether he was being supportive or irascible, he always made people around him feel special and cared for. I will miss Jim, but he lived a life that would make any person proud and he will live long in my fond memories of him."

Andy Foland

Sr. VP & COO

"On Father's Day, I sent Jim a text stating ...'On today I just wanted to let you know how much I love and appreciate you. I thank you so much for the opportunity you gave me! I hope you know how much that has meant to me and my family and the impact you have had on my life'.... I had no idea that only a few hours later he'd be gone. Jim and I shared quite a bit; a connection to Calvert hall (my husband and sons are all alumni), a love for football (Go Ravens!), and the occasional tuna on rye (I could always only eat half). I still marvel at the complex calculations he would do quickly in his head before I could finish on my calculator. I will always cherish Jim for the passion he showed in everything he did, especially making those around him feel appreciated and loved."

Godlee Davis

President & CEO

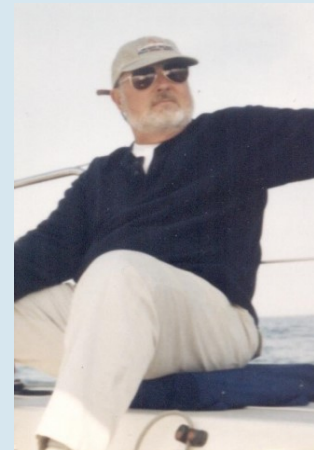


The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

Farewell Jim Cooney

In honor of Jim, we are designating June 21st as **DECO Founder's Day!** Every year, on this day we will honor Jim's memory and the tremendous impact he's had on DECO. Jim leaves a lasting indelible legacy and will be sorely missed. We are forever grateful for having known him and his memory will live on in our hearts forever. May he rest in peace.



With Deepest Sympathy,

Godlee Davis, ADR
Chief Executive Officer
8201 Corporate Drive, Suite 1020
Landover, MD 20785
phone: (301) 429-9316
fax: (301) 560-2865



News from VHHA

Greetings!

2020 remains unlike any other year in recent memory, as students return to school in unique and unfamiliar ways – many in primarily virtual settings – and hospital and health care professionals continue to fight COVID-19 on the frontlines. For those of us on the VHHA Advocacy Team with backgrounds in electoral campaigns, this election and campaign season also looks dramatically different from any other we've seen!

The 2020 General Election is on Tuesday, November 3. Anyone in Virginia can check their voter registration status and request an absentee ballot online [here](#). The League of Women Voters, a nonpartisan voting education and advocacy organization, is encouraging health care workers to vote early to avoid conflicts with their shifts and potentially long lines at the polls. **Virginian voters do not need a qualified excuse to vote absentee**, as a result of legislation passed by the General Assembly earlier this year that permits no-excuse early absentee voting. For more detailed information on voting and changes to Virginia election laws, visit Vote411.org/virginia.

Before election day, though, there is an active legislative special session occurring at this very moment. This newsletter provides updates on the Virginia General Assembly's ongoing legislative special session as well as recent action on the federal level.

As always, stay safe and don't hesitate to contact us with questions!

-- The VHHA Advocacy Team



News from VHHA Whats Happening in Washington, D. C.

COVID-19 Relief Negotiations Stalled; Medicare Proposed Rules

With much of the attention in Washington focused on the Democratic and Republican national conventions, negotiations over the next round of COVID-19 relief are at a standstill. President Trump has indicated he is willing to sign a package totaling \$1.3 trillion. That offer is \$300 billion more than the initial offer by the Republican majority in the U.S. Senate, but less than the \$2.2 trillion plan preferred by Democrats in the U.S. House of Representatives. Some officials in Washington have focused on smaller, targeted relief proposals. At this point, however, there aren't many signs of progress on the horizon.

In August, the Centers for Medicare & Medicaid Services (CMS) issued the calendar year 2021 outpatient prospective payment system (OPPS) and physician fee schedule (PFS) proposed rules. The OPPS proposed rule includes a number of harmful provisions including further reductions to reimbursements within the 340B program, loosened restrictions on physician-owned hospitals, and elimination of the inpatient-only list over a three year period. For 340B, CMS proposes to reduce reimbursements from the current average sales price (ASP) minus 22.5 percent (the subject of an American Hospital Association lawsuit) to the ASP minus 34.7 percent plus a 6 percent add-on for a net payment rate of ASP minus 28.7 percent. On a positive note, the PFS proposed rule includes several proposals to expand telehealth and scope of practice flexibilities. VHHA is continuing to evaluate the proposed rules and will submit comments in early October.



News from VHHA What's Happening in Richmond

Special Session on COVID-19 Response, Police Reform Underway

The special legislative session that began on August 18 is ongoing, with the Senate of Virginia meeting in the Science Museum of Virginia and the House of Delegates conducting its business virtually. An end date for the session has not yet been announced. The General Assembly's focus is on addressing budgetary shortfalls due to the pandemic and on legislation related to the COVID-19 response and police reform.

VHHA's top priority remains reversing a budget amendment that penalizes doctors and hospitals for providing emergency care to Medicaid patients in situations when those visits are later deemed "avoidable." Delegate Lashresce Aird (D-Petersburg), who serves on the House Appropriations Committee, has introduced an amendment ([Item 313 #10h](#)) that would delay the implementation of this penalty by one year to give the General Assembly and the Commonwealth more time to review the policy and the devastating impact it would have on hospitals and emergency providers that serve high numbers of Medicaid patients. VHHA, the Medical Society of Virginia (MSV), and the Virginia College of Emergency Physicians (VACEP) are urging the House Appropriations Committee to adopt Delegate Aird's amendment. Delegate Aird formally presented the amendment to the committee on Tuesday, September 1. Of the Medicaid reimbursement cuts she said, ***"As we are seeing the extremely difficult time that hospitals are experiencing as a result of the pandemic, this ultimately could not come at a worse time. And I think the worst part about it is, these cuts are impacting majority Black and Brown communities that have a concentration of low-income citizens with health care needs."***

Please help make a difference on this issue by [clicking here to send a message](#) to House Appropriations Committee members that asks them to support Delegate Aird's budget amendment!

The VHHA Advocacy Team is also tracking other legislation and budget amendments that could affect hospitals, hospital employees, and the delivery of health care and communicating our support or concern to legislators. Among the topics that these bills address are telehealth, emergency protocols, and immunizations.



News from VHHA What's Happening in Richmond

Governor Northam has called the General Assembly into a special session that begins on Tuesday, August 18. Details are sparse and it remains unclear how long the session may last. While specific parameters regarding the scope of legislation to be considered have not been set, Governor Northam and legislative leaders have indicated they will primarily focus on \$2.2 billion in budget funding (covering the 2021-2022 fiscal period) that was frozen earlier this year due to coronavirus-related revenue uncertainty. Also on the special session agenda is criminal justice and policing reform policy.



The General Assembly has not yet announced where, or how, it will meet – the expectation is that attendance will be limited to legislators, staff, and members of the media. Video livestreams of the session and committee hearings will be available to the public (the House of Delegates video stream can be viewed [here](#), and the Virginia Senate stream can be accessed [here](#)).

VHHA's priorities during the special session will largely focus on the budget. Our main objective is the removal of budget amendments that penalize doctors and hospitals for providing emergency care to Medicaid patients in situations when those visits are later deemed "avoidable," and for "preventable" Medicaid patient readmissions within 30 days of discharge. The Medical Society of Virginia (MSV) and Virginia College of Emergency Physicians (VACEP) join VHHA in opposition to these harmful budget amendments.

VHHA is also seeking the distribution of \$218 million in funding from the state's allocation of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act to Virginia hospitals to compensate them for expenses related to surge preparations. The amount is based on expenses already incurred by Virginia hospitals and does not include projected expenses related to potential future surges.

In addition to those priority items, the VHHA Advocacy Team will carefully monitor and review other legislation and budget amendments as they are introduced.



News from VHHA Virginia Legislative Spotlight



First elected to the General Assembly in 2015, [Senator Boysko](#) served in the House of Delegates until her election to the Senate in 2019. She represents the 33rd Senate District which includes parts of Fairfax and Loudoun counties. She serves on the Senate General Laws and Technology Committee, Judiciary Committee, Privileges and Elections Committee, Rehabilitation and Social Services Committee, and the Transportation Committee. Senator Boysko also serves as the Chair of the Broadband Advisory Council of Virginia. She lives in Herndon.

" I am so grateful to all of you who are caring for our communities during this pandemic. As we worked from home, you have been on the front lines headed to clinics and hospitals to care for the sick. Thanks to all of you - doctors, nurses, lab techs, aides, custodial staff, food service workers and all of you who work to provide care at our hospitals. I will continue to work with my colleagues in the General Assembly to ensure that we address your needs and concerns and I will keep working to provide our frontline workers with the personal protective equipment and other supplies that you need to work safely and to care for your patients. Working together, we will get through this pandemic. Thank you for your service!"

~Senator Jennifer Boysko



The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

News from VHHA Virginia Legislative Spotlight



**Delegate Terry Austin
R-Buchanan**

[Delegate Terry Austin](#) represents the 19th District in the Virginia House of Delegates. Currently serving a fourth term in the House, he is on the Appropriations, Transportation, and Rules committees. Delegate Austin also serves on the Joint Legislative Audit & Review Commission (JLARC) and the Joint Commission on Transportation Accountability. A native of Buchanan, Virginia, he is the President and Founder of Austin Electrical Construction Inc., a small business that has been in operation more than four decades and specializes in airport runway lighting. Delegate Austin serves on the boards of the Bank of Botetourt and Carilion Clinic. He and his wife, Kathy, have four children and 10 grandchildren. They reside in Buchanan.

“Healthcare is now more than ever essential to Virginia’s economic wellbeing. The industry currently faces a shortage of qualified workers and it is estimated that more than 122,000 healthcare related jobs will be needed in the next decade. Ensuring that our students have access to the educational pathways necessary to address this growing need will position the Commonwealth for the future, both economically and from a health perspective. This is why I submitted a budget amendment in the 2020 Session to implement a regionwide health sciences pilot program in Botetourt and the Roanoke Valley. This program would breakdown the silos that currently exist among school systems, and provide students with the opportunity to acquire stackable credentials starting in high school and continuing through community college or a four year university. A similar program saved my life at MD Anderson in Houston, Texas. I am confident that we have the students and institutional knowledge to create this pipeline and establish Virginia as a leader in the health sciences.”

~Delegate Terry Austin



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Communications Committee

Virginia Chapter of AAHAM Renames Its Communications Committee

The Board of Directors of the Virginia Chapter of AAHAM recently voted unanimously to recognize longtime member and devoted supporter, Linda McLaughlin, CRCE, by renaming its Communications Committee to The Linda McLaughlin, CRCE Communications Committee.

Ms. McLaughlin’s involvement with the Chapter has spanned many years and her contributions have had a positive impact in steering the Chapter to becoming an award-winning and successful organization. The Communications Committee was created during Linda’s term as Chapter President, as part of her vision for future chapter development and service to our members, making the renaming a very fitting honor.

Ms. McLaughlin served the Virginia Chapter in various capacities throughout her membership. In 2008, Linda McLaughlin, then CPAM, coordinated one-day free educational seminars, held on Saturdays, and titled “Back to the Basics”. The seminars were held at different times and areas in Virginia throughout the year. Not only did the sessions provide member education, but more importantly they provided information that members could use every day in their work within the Revenue Cycle.

Linda not only gave of herself in ensuring the education of our members, but she also served the Chapter in elected positions, as follows:

1985 - 1986	Secretary
2004 – 2007	1 st Vice President
2011-2011	2 nd vice President
2012-2013	President
2014-2017	Chairperson of the Board

Ms. McLaughlin was recognized by the Chapter for her contributions throughout the years, as follows:

1985	Newcomer’s Award
1989, 2005, 2011	President’s Award
2009	Forrest Perrin, Jr. CRCE Award
2010	Committee Award
2014	Lifetime Member



Communications Committee

Many of our conference attendees have had the opportunity to get to know Linda, her mother Betsy and sister Debra, as they welcomed attendees at the registration table, providing assistance, smiles and kind words.

We are so fortunate to work alongside Linda McLaughlin, CRCE today as she continues to serve the Virginia Chapter of AAHAM, as an Honorary Board Member.

Thank you, Linda, for your undying service to our members and to AAHAM!





Tips for Working From Home
Susan McDonald, CRCE—KeyBridge Medical Revenue Care

Tips for Working From Home

Susan McDonald, CRCE

KeyBridge Medical Revenue Care



Turn back the clock to February 2020. You were working in a fully equipped office, had a routine, productivity goals, a schedule full of face to face meetings, and everything at your fingertips to make that happen. Your world was crazy, but manageable. Then BOOM! Overnight COVID-19 hit, employees were relegated to working remotely from home, and everyone's world was turned upside down. You were fortunate enough to have a nimble IT department that made remote work possible. But then what? Many were unprepared to work from home, had a spouse also working home and on top of that home-schooling children at the same time. And don't forget the toilet paper shortage! I work from home when not traveling....so I know...IT'S NOT EASY!!

By now you have probably mastered working from home, or may be back in the office at least part time, but I have compiled a few tips that work for me and also consulted a few experts for their best advice.

My 'Work at Home' tips include:

- Have a dedicated work space, even if it is the end of your dining room table. Keep it clean, organized, and clutter free, but have everything that you need within reach.
- Stick to a schedule. Be disciplined. Set goals.



The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

Tips for Working From Home **Susan McDonald, CRCE—KeyBridge Medical Revenue Care**

- Shower and get dressed each morning before work. You will be mentally more prepared to work. OK, so I admit, I don't wear a suit and full makeup when working from home. Who does!? But what do you do when you have a GoToMeeting in two minutes and you realize you look like you came straight from the set of *Zombie Apocalypse*? I keep a nice jacket nearby, or sometimes just a scarf, and I can hide that 'Virginia Is For Lovers' T-shirt quickly. No one will know that you are wearing shorts and flip flops. I normally wear tinted moisturizer and with just a quick touch of lipstick can look camera ready enough not to scare anyone. You can still wear your comfy pants and look polished and professional.
- At the end of each day, make a To-do list of priorities for the following day so that you do not need to waste time at the beginning of each day thinking about what you need to do. Put those priorities on your calendar. Then shut it down! It's ok to take a quick look at your email later in the evening, but you really do need to separate work from home and shut work down at some point.
- Take lunch and breaks. Get out of your 'office' to clear your mind and get some physical activity. I try to walk during breaks and lunch. Walking relieves stress, burns calories, and gets your creative juices flowing. At the end of a task, reward yourself and mentally prepare before diving into the next task. (See! That thought just came to me when I ran down the basement to put a load of laundry in the washer!)
- We've all heard about Covid-15. That's the 15 extra pounds that a lot of people gained from working from home. If the refrigerator is calling your name, try to keep nutritious snacks and lunch items available. Instead of rewarding yourself with a cupcake, take a walk. And stay hydrated. Sometimes we confuse hunger with thirst. Use the same discipline for snacking as you do for work.
- Don't just rely on emails. Call people on the phone, have video conferencing. Stay connected. It's great to hear human voices and see friendly faces 😊.
- Practice GoToMeetings to make sure your microphone and camera is working, and if you are organizing the meeting, that you know how to screen share, etc. Try to have light (a window or desk light) in front of you, not behind you. Plus that, the view is likely much better if you are facing a window.



Tips for Working From Home
Susan McDonald, CRCE—KeyBridge Medical Revenue Care

- Let family know when you cannot be interrupted. A closed door can be the signal, or hang a sign that indicates your availability (please see photo, courtesy of a LinkedIn post.) Relax... everyone has become much more accepting of the dog barking in the background, the doorbell ringing, or a child strolling through the room.
- We can all take our work very seriously without taking ourselves too seriously. Take time to smell the roses. But keep an eye on your North Star and keep diligently working toward it. WFH is much like gardening. Don't let the weeds (bad habits) take hold because they are too hard to get rid of later. And they can crowd out your necessary productivity.

But what about managing employees remotely? This can be like herding cats, without a plan. Studies have shown that productivity has actually increased for some employees working from home, but that is not the case for everyone. Some people do not have the discipline to work from home. Since I do not manage other employees, I asked some Revenue Cycle leaders that manage staff remotely for their best advice:

Rod Walker, Director Revenue Cycle Administration, VCU Health

1. For those that have Supervisor reporting to them, check in with the Supervisors weekly on an individual call. Not all will have the same issues and this gives them the opportunity to have one-on-one time with the Manager/Director.
2. Have a dedicated time to take a break, especially for Supervisors or Managers. The day seems to run together and you could literally sit and work all day. This could cause some burn-out. Having a dedicated time to break help to re-focus and meet expected productivity numbers.
3. Have a way to track productivity and to work with those team members that may be struggling and find out why.



Tips for Working From Home
Susan McDonald, CRCE—KeyBridge Medical Revenue Care

Stephanie Glass, Director of Revenue Cycle, 

1. My managers have developed productivity reports based on transactions processed and level of difficulty. Epic also provides us with productivity information including amount of time in the system.
2. All staff is required to be available through email, instant messaging, and by phone. Our teams have daily huddles for all team members.
3. Prior to COVID the majority of my team already worked from home, which they loved. Their motivation was to continue to be able to work from home and not come back in the office. Managers have different methods based on their staff. We've done virtual happy hours to have social time to discuss anything but work, share pictures of things going on in our lives.

Sarah A. Gilbreath, Division Manager, KeyBridge Medical Revenue Care

Keeping your team engaged and feeling connected is truly the biggest key to success in having everyone be remote.

- Daily Production Meeting- This is with the department supervisor and senior PCRs in teams with video conferencing. This meeting sets the tone for the entire day. We talk through previous days wins and opportunities and create plans for the new day. Each leader is expected to come prepared to present their portion of responsibilities. Then we talk through and discuss as a leadership team.

Teams Group Message- This is for the entire members of the team. In this group message they can use it for assistance and training, or if they just want to tell a funny to their team members. Each morning we start the group message with a daily KPI challenge to help get the team motivated to hit their contract goals.



Tips for Working From Home
Susan McDonald, CRCE—KeyBridge Medical Revenue Care

- Weekly Team Meetings- This is a chance each week for the entire team to get together and see each other and interact. We talk a business recap and call out top performers within the division. The Team supervisor then talks through any topics that need communicated and shared. Before the meeting is over we tried to end it on a fun positive interaction game or challenge. Something fun and simple to end a good note!
- Monthly Contract Meetings- This is one on one time with their leaders to discuss their results and goals for the month. This is also the time to discuss concerns or struggles they may have as well. This monthly touch base gives the employee that time for it to be all about them. Have a monthly check in helps keep us connected with our team but also ensures that the employee is focused on achieving results for the department.
- Continuous Communication- When you have an entire team working remote, you have to make sure you are reaching out regularly and checking in with them. A video call, phone call or quick message on teams to see how they are doing. Building a good rapport with your team is critical to keeping them feel valued and important. When an employee feels valued they will always do more than is expected and give you their best. This also builds loyalty.
- Praise & Encouragement- this is extremely important. You want to ensure you are coaching and directing for opportunities, but ensuring that people get praise and support to continue to do well is something that often gets missed. I make it a priority each day to praise top performers and I share this with the entire team. Or if someone has been struggling with a certain metric, and they hit their goal, I reach out and give them words of encouragement.



The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

Tips for Working From Home **Susan McDonald, CRCE—KeyBridge Medical Revenue Care**

Pam Cornell, CRCE-I, MHA, Manager, Billing and Follow Up, Mary Washington Healthcare

How do you measure productivity? Epic has user productivity scorecards. Depending on the payer, the user is expected to work a certain number of accounts per day. They also have a daily tracker to account for long hold times with payers, meetings, PTO, holidays, etc.

How do you communicate with staff and how often? We have weekly 1:1 meetings to review productivity plus quarterly scorecard meetings to review work queues and QA. Plus we have monthly staff meetings and a weekly huddle for organizational communication.

How do you incentivize and motivate staff? Our organization has rewards which is a points system and an online catalog where they can choose how to spend their points. We also do shout outs in our meetings for going above and beyond.

Tami S. Piper, Director of Production Operations, [KeyBridge Medical Revenue Care](#)

Dedicated workspace

- Important to have separation work/home life balance.
- Start your day off as if you were heading to the office.
- Ensure employee has clear understanding of the telecommuting agreement and expectations.
- Keep up with your normal routine.
 - Structure your workday as if you were in office.
 - Get up ensure taking scheduled breaks and lunches as you would if in office.

Technology

- Have all necessary tools to do the job remotely.
- Provide easy access to applications.
- Give options to communicate quickly and efficiently



Tips for Working From Home
Susan McDonald, CRCE—KeyBridge Medical Revenue Care

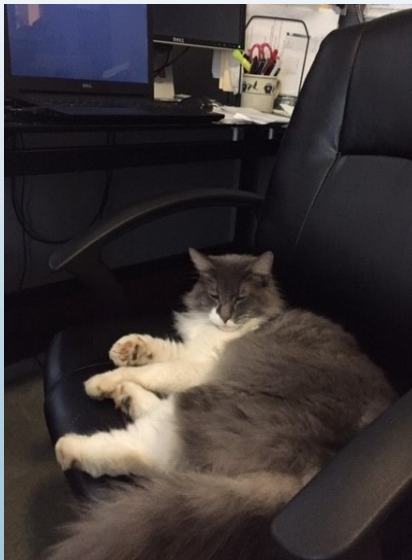
Communication- I think this is the top priority with working remote.

- Ensuring the team can easily contact key people to get their questions answered promptly and timely.
 - Have outlined documented standard process on how things are going to work remotely.
- Host routine team meetings
 - Building rapport
 - Teams meetings done through video chat to allow for parties to see one another and interact and still feel as part of the team.
 - Provide opportunity for team members to share input or make suggestions.

Morale

- Following up with remote workers regularly.
 - Take time to send out personal messages
 - Pick up the phone vs. email
 - Do activities/contest to keep them engaged in their key goals.

I hope that all the great advice above helps you to successfully navigate your own 'Work From Home' and also give you some ideas if you also supervise staff remotely. Above all, stay positive, stay focused, and be the best that you can be!





The Virginia AAHAM Insider

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Virtual Meetings

- ⇒ **9-30-2020 Roundtable to Discuss AUC testing and Challenges**
- ⇒ **October –Date to be Determined Payer Panel Discussion**
- ⇒ **10-28-2020 Patient Access Case Study**
- ⇒ **11-11-2020 The Best Defense is a Good Offense**



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The logo for Glasser and Glasser P.L.C. is centered within a blue rounded square with a white border. It features the company name 'GLASSER AND GLASSER P.L.C.' in a white serif font, with a stylized 'M' symbol between the two 'GLASSER' words. Below the name is the tagline 'Virginia Legal Collections Since 1932' and the motto 'Professional - Responsible - Innovative'. At the bottom is the website address 'www.glasserlaw.com'.

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The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

Congratulations on achieving certification!



Rene Aguilar	Inova Health System	CRCS
Stacy Anderson	Mary Washington Healthcare	CRCS
Melanie Benson	Augusta Health	CCT
Shannon Cangelosi	Fauquier Hospital	CRCS
Destiny Claiborne	Inova Health System	CRCS
Adrienne Esposito	Mary Washington Healthcare	CRCS
Michael Fitzgerald	Inova Health System	CCT
Katherine Galang	Inova System Office	CRCS
Rhonda Green	Inova Healthcare Services	CRCS
Amanda Gunnoe	Inova Health System	CRCS
Melissa Hanson	Inova Health System	CRCS
Sheila Jimenez	Inova Health System	CRCS
Kerry Williams Baird	Inova Health System	CRCS



The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

Certification... why bother?

You may wonder why you should bother with obtaining your certification. After all, it's a lot of work—Let us enlighten you! Certification is an investment in your personal growth and your professional future.

Benefits of obtaining AAHAM certification:

- Professional development
- Individual enrichment
- Employer awareness
- Recognition by industry and build a network of connections in the elite group that shares your designation
- Personal challenge and satisfaction
- National recognition
- Recognition and access to the positions and promotions you seek and deserve

—AND—

An AAHAM certification demonstrates your:

Commitment—to your field and your ongoing professional development.

Expertise—you possess the knowledge to meet the industry's highest standards and the capacity to pass a rigorous certification examination.

Professionalism—your pursuit of excellence supports the quality of service in your career and in the healthcare industry.

CRCE-I & CRCE-P exams are considered to be the best indication of knowledge in our field. Set a goal or make a promise to yourself to pass the exam. It will be gratifying to prove to yourself that you can pass this difficult exam, and that your years of experience and hard work will be evident to all by the CRCE-I/CRCE-P designation after your name.

The webinars that were held on credit & collection; Patient access and Billing are out on the web site.. Also a practice test is out there and the power points from the three webinars are on the web site. You have to be a Va AAHAM member to access this information. If

Study guides are loaned out to members. You do not have to purchase your own study guide.

If you are interested in testing your knowledge and gaining the recognition that comes with certification, contact Leanna Marshall for additional information.

Leanna Marshall, CRCE-I

PFS Consultant

UVA Health System (Retired)

Phone: (434)293-8891

Fax: (804)977-8748

814 Montrose Avenue

Virginia AAHAM offers a certification payment reward for passing the professional exam. AAHAM will reimburse the member for the cost of the exam.



The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

Woodrow Samuel Scholarship

Time to Prepare

Woodrow Samuel Annual Scholarship Application

Purpose:

The Virginia State AAHAM Scholarship Award was established with the primary purpose of educating its membership in the management of health care receivables. As the chapter increased in membership and cash equity, the concept of a scholarship program was initiated by the Executive Board of Directors and was first offered in the fall of 1987. The Executive Board of Virginia AAHAM has continued to make the scholarship program available as it is believed educational funds are a benefit to individual members, the Chapter, and dependents of our members. In 2007, the name of the scholarship was changed to the Woodrow Samuel Scholarship Award to recognize a lifetime member of the VA State AAHAM organization. A maximum of \$1,000 scholarship award will be given.

Eligibility:

Eligible nominees must:

- Be a Virginia AAHAM member or a child of a Virginia AAHAM member as of January 1 of the current year.
- Eligible nominees can apply for the scholarship award on an annual basis.
- Members must be employed full time in a healthcare related field and dependents must be enrolled in an accredited college or school.
- Chapter dues of the member must be paid prior to the acceptance of requested scholarship applications.
- Classes taken must be taken during the current school year.

Nomination Procedure:

Nominees must:

- Complete the application form
- Include at least one letter of reference.
- Include or attach any documentation you would like to have considered.
- Include an essay on why winning the scholarship is important.

Submission:

The form will be completed and returned to the address listed at the end of the application. This application will be postmarked no later than January 30th of the year the application is submitted to the Virginia State AAHAM Scholarship Chairman. All application materials and supporting documentation will be reviewed by the Virginia State Scholarship Committee. After all applications are reviewed, the applicant will be notified if they have been selected as a Scholarship recipient by the Chair of the Scholarship Committee.

Please submit all applications to Linda Conner by email at lwconner@sentara.com or mail the application to Linda Conner, Sentara Halifax Regional Hospital, Patient Financial Services, 2204 Wilborn Avenue, South Boston, VA 24592 no later than January 30th. Awards will be presented at the March 2021.



The Virginia AAHAM Insider

A Newsletter by and for the members of the Virginia Chapter of AAHAM

Virginia AAHAM Executive Board 2020



Chairman of the Board

(Chapter of Excellence Committee)

David Nicholas, CRCE-I

President, Mercury Accounts Receivables Services

Office - (703) 825-8762 Email— David@Mercury.ARS.com



President

(Committee Chairperson: Nominating Committee; Accounts Receivable/Third Party Payer Committee)

Linda Patry, CRCE-I

Director, Patient Financial Services

Mary Washington Hospital



First Vice President

(Committee Chairperson: Membership & Chapter Development: Chapter Awareness)

Amy Beech, CRCE-I

Patient Accounting Supervisor

Augusta Health

PO Box 1000, Fishersville, VA 22939



Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

Pam Cornell, CRCE-I

Manager, Patient Accounts Billing, Follow Up, and Denials

Mary Washington Healthcare

Office— Pam.Cornell@mwhc.com 540-741-3385



Virginia AAHAM Executive Board 2020



Secretary

(Committee Chairperson: Publications Committee; Scholarship Committee)

Linda Conner, CRCE-I

Manager of Patient Financial Services

Sentara Halifax Regional Hospital



Treasurer

(Committee Chairperson: Vendor Awards Committee)

Manager, Revenue Cycle

University of Virginia Health System

4105 Lewis and Clark Drive | PO Box 800750



Appointed Board Member

(Committee Chairperson, Sponsorship Committee)

Thomas Perrotta

Vice President of Client Relations, CCCO

Penn Credit

Office—800-800-3328 x3301 tom.perrotta@penncredit.com



Appointed Board Member

(Committee Chairperson: Certification Committee)

Leanna Marshall, CRCE-I

UVA Health System (Retired)

814 Montrose Avenue, Charlottesville, VA 22902

Phone—(434)293-8891 Fax—(434)977-8748



Virginia AAHAM Executive Board 2020



Appointed Board Member

(Finance Committee Chair)

Dushantha Chelliah

2212 Greenbrier Dr.

Charlottesville, VA, 22901

Office - (434)924-9266



Appointed Board Member

(Communications Chair)

Tim Breen

4105 Lewis & Clark Drive, Charlottesville, VA 22911

(434) 982 6355 tjb8pm@virginia.edu



Appointed Board Member

(Legislative Chair)

Austin Hale



Honorary Board Member

Linda McLaughlin, CRCE-I

Email- linda.b.mclaughlin@gmail.com



Virginia AAHAM Executive Board 2020



Honorary Board Member

Michael Worley, CRCE-I

Office—(540)470-0020 Email—mworley@ntelos.net



Contest for Newsletter Articles!

Writers Wanted!

The Virginia Chapter of AAHAM will award **\$100** to the author of the best article submitted to the Publications Committee during 2020. Submit articles to Linda Conner at lwconner@sentara.com. Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent.

This publication is brought to you through the collective efforts of the **Publications Committee**

Linda Conner, CRCE-I
Secretary

What is AAHAM?

AAHAM is a premier professional organization for healthcare administrative management. Our goal is to provide quality member services and leadership in the areas of education, communication, representation, professional standards and certification. Virginia AAHAM was founded in 1982 as the American Guild of Patient Account Management. Initially formed to serve the interests of hospital patient account managers, AAHAM has evolved into a national membership association that represents a based constituency of healthcare professionals.

